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<sup>a</sup>  
Dissertation  
<sup>on</sup>  
Peritonitis

by Wyatt Christian -

admitted March 14th 1821

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## Peritonitis

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The subject which I have selected for this dissertation, is one which I have had no opportunity except from study, of becoming acquainted with. It is a fact, but little understood by the most eminent writers, if we may be allowed to judge, from the great diversity of opinions existing among them, as to the nature & mode of treatment. Peritonitis, presents such a diversified character, so many symptoms of other diseases more trivial in their nature, that it has become one of the most fatal diseases with which we are acquainted. Whether this would really be the consequence, were the disease properly characterised, & clearly understood in every case from the beginning. I cannot determine. I am disposed to think it would not. Certainly there appears in the structure of the Peritoneum, nothing which should make an inflammation in this membrane in any respect different, or more difficult to subdue, than in the pleura. It may perhaps be said, that, the difference does not depend on any peculiarity in the structure of this membrane, but in consequence of its connection with organs of more importance to the well being of the animal economy.

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This I am compelled to oppose; notwithstanding the prevailing opinion of Physicians at the present day, respecting the powerful influence of the digestive system, over all other parts of the body.

I cannot be made to believe, that the heart, whose office is so very important, that its action cannot be suspended for the shortest interval, without a final cessation of life being the unavoidable consequence, can be of less importance, or less affected by disease, than the alimentary canal & it must be conceded, that they have exactly the same connexion, the one with the Peritonæum, & the other, with the Pleura. How then are we to account for a great & fatality in Peritoneal inflammation, than Pleurisy? This question may I think be very easily settled; if we admit, what we know very frequently to be the case, that Peritoneal inflammation, is from its complex symptoms, very frequently mistaken for other diseases less violent in their nature, which call for remedies directly, to what are here proper, & prevent the use of those which would be serviceable.

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Another cause which has stamped, Peritonical inflammation with a fatal character, is its occurring most frequently, indeed I might say generally, in females after difficult parturition, when the subject of the disease becomes so much exhausted, as to be very ill calculated to bear the most trivial disease. Would not a case of Pleurisy under such circumstances be equally fatal?

Peritonitis commences with a chill, which is soon followed by fever, with a small chattered & frequent pulse; but in the early stage of this disease, the symptoms which evince the nature of it, are the heat & pain of the abdomen which are confined to one particular spot, or extended over the whole of it. The fever is attended with great thirst, accompanied with dryness of the tongue & fauces. Such are the ordinary circumstances under which this disease first makes its appearance. But, in the course of 24 hours, the soreness of the Belly is so much increased, as not to bear the bed clothes. The pulse now beats from 115, to 140 strokes, in a minute; the abdomen becomes very tense & swollen. Now we behold our patient, lying on her back, with her knees bent,

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on her abdomen, in which situation the patient, is more at her ease; as it relaxes the abdominal muscles.

As this disease advances the symptoms become highly aggravated, & it frequently happens, that they suddenly cease, as if from the effects of the remedies we have used; the latter is generally a certain indication of death, the pulse becomes smaller & more frequent, the patient, is much troubled with vomiting a dark bilious matter, resembling the black vomit, in Yellow Fever; this takes place copiously, & at short intervals, accompanied with cold clammy sweats, cold extremities, haggard countenance, & laborious breathing. When the patient can lie with her extremities extended when the pulse is less frequent, & fuller the skin moist, & cooler, respiration less laborious, pain & tension of the abdomen diminished, & the faeces discharged at proper intervals, we may regard these as favourable signs of the disease.

Dissections inform us of the mischief of this disease. Inflammation is found extending through the whole of the Peritonium, particularly in that part,

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which covers the intestines. It is curious, that, the inflammation never extends beyond the membrane, to the muscles of the abdomen, whilst it is found to penetrate through every coat of the intestines.

Young practitioners are much in the habit of prescribing for diseases from the state of the pulse, according as it is excited or not, without regard to other circumstances. That much injury has been done, & this has been the case, in this disease which has had a considerable share in rendering it so often fatal. Let it be always recollected, that, when the digestive system is diseased, whether it be idiopathic or symptomatic; that the organs of the vascular system are so crippled, as to present a state approaching to the lowest grade of prostration, whilst the general system is really in a state of excitement, & requires the most active of the depletion remedies. Here then the pulse, which is in most other cases as important to us, as the compass to the mariner at sea, becomes delusive & if we were to follow it, it would not only lead us from our path or indications, but, cause us to hasten the destruction of our

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patients.

Peritonitis has frequently been confounded, with Enteritis, Colic, & after pains. . . As respects the first, no considerable danger can result from the mistake, as the treatment is nearly the same, but it may be distinguished from Enteritis by the pain being more permanent, by its being increased by pressure, & by its not being diminished if an evacuation from the intestines is produced. But, as the difference in the treatment of Colic & after pains, is so great from peritonitis, we should be particular in noticing those symptoms, by which they can be distinguished. From Colic it can be distinguished, by pressure on the abdomen, producing very considerable pain, while pressure, very frequently resorted to by patients labouring under colic in consequence of the relief it affords, also by evacuations from the bowels, producing relief of the symptoms in Peritoneal inflammation, & being of infinite service in the other. But Peritoneal Inflammation is more frequently mistaken for after pains, & this mistake is much more dan-

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gious. Many women, I have no doubt, die from this cause. It is customary for almost all women to be affected with after-pains, & it is indeed very common for midwives, & old women to be acquainted with the mode<sup>t</sup> of relieving them; but, not at the same time being acquainted with the particular diagnosis of the disease, they consider every pain in the region of the Uterus, whether it be produced by inflammation, or spasm, whether it occurs in the first, or third week after parturition, to be considered as after-pains & treated as such by an anodyne Diacynth, or some stimulating medicine.

Now suppose a case of peritoneal inflammation to exist, what would result from this treatment? The inflammation would be increased ten fold every dose; it would extend with the utmost rapidity, not only over the Peritonium, but over all the viscera, with which it is connected.

And when the Physician is called, he finds his patient lying on her back, with her abdomen tense & painful, her strength prostrated, to the lowest grade,

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for ectrometic cold, her pulse scarcely perceptible, & with all the other symptoms which mark the fatal termination of this disease. It is now too late, whilst on the one hand we have the most evident marks of violent inflammation, & on the other such a prostration of the system, that a reaction in many instances cannot take place. But might not all this be prevented? I answer yes, for nothing is easier in the first commencement, than to distinguish these two diseases. After pains being purely spasmodic, there are complete intervals of ease between the pains & only slight scrings, or pressure; whilst, in peritonial inflammation, the pain is constant & much aggravated by pressures on the abdomen.

**Treatment.** After the history of this disease, it would seem that there ought to be no doubt, as to the proper practice; but unfortunately there is one point more controverted: on the one hand, we have some of the most respectable practitioners boldly recommending the most powerful stimulants, particularly

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large doses of opium, whilst on the other side, those of no inferior standing recommended the depleting plan, carried to the furthest extent.

We have now a case of the most active inflammation, which appears of all others to progress with the most rapid strides, to a final resolution. & no case of disease ever required a more prompt use of the lancet, it is indeed our only anchor of hope; how it ever should have been forbidden I cannot imagine.

But strange indeed, are the views of medical men on particular subjects, & this case presents perhaps as plain an instance as any other of injurious practice derived from false theory, which was probably conceived by the folly of a madman & by his authority extended to the present day. The apparent prostration of the system shown by the pulse, which I have before observed, is always delusive, & the circumstance of its occurring in the putrid state must account for the wild hypothesis, & consequently the great diversity of practice. Ever since

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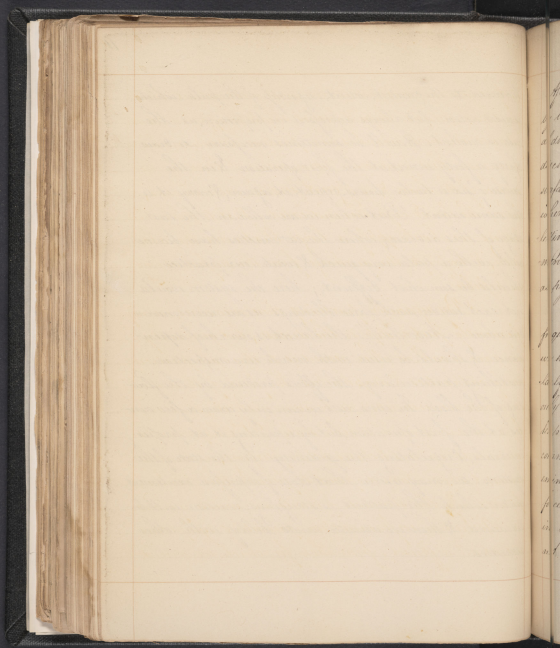
the down of medicine, an error has prevailed, among many of the profession, as to the management of puerperal women. They particularly forbid, the use of the lancet, in every case that occurs, during this period. whether it be the result of preternatural excitement or debility. saying that the patient is by the process of parturition too much exhausted, to bear any direct depletion. This doctrine has been productive, I have no doubt of much mischief, for puerperal women bear bloodletting much better than in any other state.

We should therefore, after every case of delivery, watch the patient attentively, & as soon as there occurs the smallest degree of fever accompanied with a soreness of the abdomen, some of the depletive measures should be used, for in many instances a gentle cathartic, or diaphoretic, will be more beneficial, in the commencement of Peritonitis, than several copious bleedings after the disease is fixed.

When we are called in the first stage of this disease, Venesection is our principle remedy, it should

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be carried to the greatest extent, regardless of the pulse which  
 is never active, but always depressed in proportion, as the  
 case is violent. It will be sometimes necessary to draw  
 thirty or forty ounces at the first operation. & in the  
 course of six or twelve hours, repeat it again, & carry it to  
 the same extent. But when we are called in the last  
 stage of this disease, where the extremities have become  
 cold, with a pulse very quick & weak, our practice  
 should be somewhat different; here the system would  
 not react under such large bleedings as are recommen-  
 ded above. Nevertheless the lancet is our chief depen-  
 dence, & should be used with much circumspection,  
 watching particularly, the effects produced by the flow-  
 ing of the blood. In some cases we can only draw a few oun-  
 ces at the first operation, but by repeating it at proper  
 intervals, & regulating the quantity by the state of the  
 system, we may relieve that state of depressed excitement,  
 under which the patient, is struggling, reaction will be  
 produced, & then we advance more boldly with other  
 remedies.



After general bloodletting, we must next extract blood by local means. Cups & leeches should be applied to the abdomen, in such numbers as to produce a considerable discharge. This produces a determination of blood to the surface of the body, & is of great service, even in cases, where the lancet is farther indicated. Next to local bloodletting, we should apply a large blister over the abdomen, & keep up the discharge from the surface as long as possible.

By rigorously pursuing these measures, we may frequently put a stop to the disease, but generally we have to call in other remedies to their aid particularly cathartics & diaphoretics. The first of these have only been recommended, to be administered, so as to keep the bowels in a soluble state. Dr Chapman recommends in his lectures active purging, as being of eminent service. I am disposed to favour this opinion, for certainly the stomach & bowels are much affected, in Peritonical inflammation, presenting symptoms not at all differing, from those for which we would

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prescribe active purging in other diseases. In puerperal fever all authors concur in recommending purging; & there exists but little difference, between the five diseases.

As soon as blood letting has been practiced, we should administer an active Cathartic, for no other will produce the desired effect, Calomel united with Gamboge, Jalap, or Rhubarb will be best adapted for this purpose. But there is a stage of this disease when these medicines cannot be used. This is when the inflammation has extended to the intestines; in this case these drastic medicines by their stimulating powers would increase the inflammation in those organs. Here the saline Cathartics should be used, so as to keep the bowels open.

When the lancet has been pushed to the farthest extent, we may in most instances have recourse to Diaphoretics, with the most singular benefit. This practice is much better established. All physicians agree in recommending it. It is by some said, to act like a charm. Those most commonly employed are external

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means, particularly the vapour bath with the internal use of Dover's powder. I think these will enough adapted to the second stage of the disease, but in the commencement their stimulating effects might be hurtful. At all events I should prefer the milder Diaphoretics at first, particularly those which reduce the action of the heart & arteries, & at the same time produce diaphoresis, such as the antimonial preparations. Guaiacumha & Nitre.

Of late the spirits of Turpentine has been highly recommended in this disease. It was first used in the stages when gangrene was expected, but has since been recommended in the acute stages in very large doses. I am at a loss to account for the operation of this medicine in this case, for it is a highly diffusible stimulant, & the disease, with which we have to contend, is of a very inflammatory nature. Our theoretical notions will not allow us to approve it. But when we come to consider as our Professor of the Institutes & Practice of Physick in this University very justly observes. the effects of this remedy in scalds & burns. why may it not in the same

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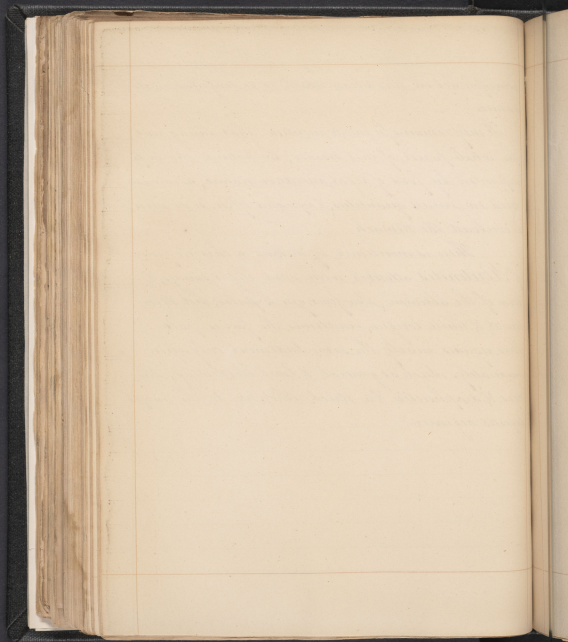
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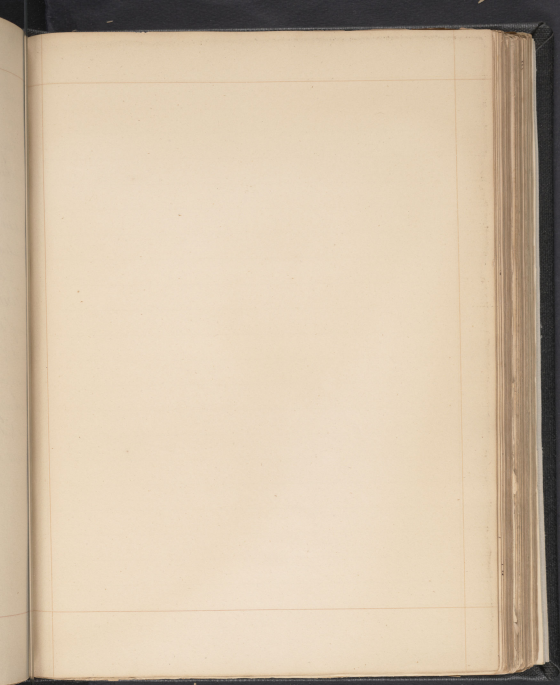
principal act in this disease which is so singular in its nature.

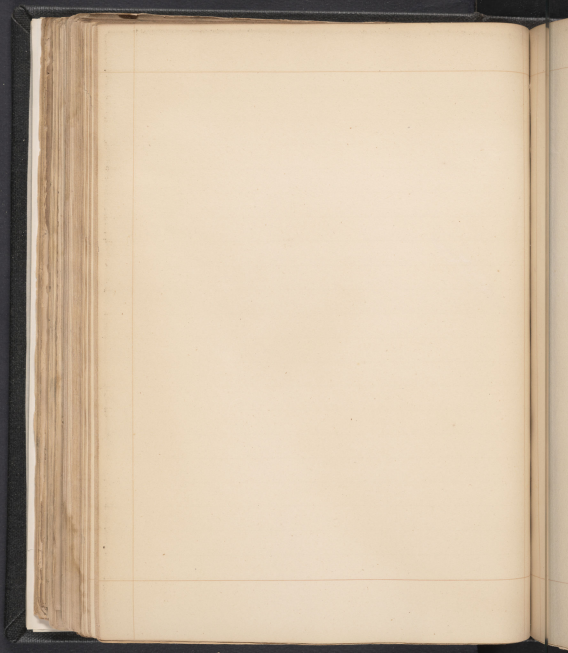
It only remains for me to mention, that, throughout the whole period, of this disease, the patient, should be supported by food of light, nutritive nature, administered in small quantities, & repeated often, so as never to overload the stomach.

There is mentioned, by authors, a chronic form of Peritonitis, attended with some slight soreness, & pain of the abdomen, slow fever, quick pulse; hot skin; thirst & white tongue, sometimes the face is pale.

This requires nearly the same treatment, only more moderately. Such as general & local bloodletting, blisters & diaphoretics, & a strict adherence to the antiphlogistic regimen.







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My dear friend

Dear friend

I have just received your letter of the 10th inst.

and am very glad to hear from you.

I am well and hope these few lines will find you the same.

Yours truly

Wm. Lloyd Garrison